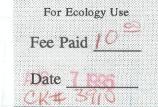




State of Washington



Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

Name Bonnie	JEAN ,	NeAL			Hom	e Tel:(5	09)77	13 -	6260)
Mailing Address _ ら	Mounta,	'n View ,	Ranch Ke	PAD	Work	Tel:(37	9)748	8 -	2551	,
City Goldendale										
Section 2. CON		- PERSO	N TO C	ALL A	BOUT	THE .	APPL	ICA	TIOI	V
Name		9			Hom	e Tel:()			
Mailing Address		_	_		Work	Tel:(
City										
Relationship to applica	int	**************************************								
Check if the w	nd) from a symplety of use. (□ surface vigation See instruction -/4 - 0/0 atity to be u	water source and detions.) NO seed in acre-	e or \(\frac{1}{2} \) TE: A ta Too (so feet per)	ground w x parcel 1 see Att	number of	r a plat	k only Attack numb	y one) h a "le	for the gal"
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ECY 040-1-14 Rev. 12/94 F

APPLICATION

Appl. No.:

A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
	N/A
	7.//
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 19 (Home + 100 to = 1 acre)
B.	List total number of acres for other specified agricultural uses:
	Use N/A Acres
	Use N/A Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application: 20
D.	
υ.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? □ YES ▼ NO
E.	Farm uses: N/A Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking





Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES XNO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Take Hwy 142 West out of Goldendale to Glenwood Hwy (approx 10.5 miles from town),

after going right to Glenwood Hwy, take first /4t (Aprox. 2 mile).

My twenty acres runs from Glenwood Hwy in along Mt View Ranch Road.

I Am the 1st house on This road (white & green trim), tt 5.

(See Attachment # H)

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

(see Attachment # 6

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

 If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located?

 If no, submit a copy of agreement:

XYES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or anthorized representative)

Date

8/1/95

Landowner for place of use (if same as applicant, write "same")

Date

		* ************************************
• "		
We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)	is/are	APPLICANT PLEASE
ncomplete		RETURN TO THE APPROPRIATE REGIONAL
		OFFICE OFFICE
Explanation:		
		7 y 1
A service of the serv	1.78	
Please provide the additional information requested	l above and return your	application by
(d	ate).	
cology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



